

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
Completely fill in one circle.
Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
before submitting or form will be returned.

I Reporting Information

Year: 2012
Fill in circle if amendment ☒
Report Period: ☐ January/June ☒ July/December
Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both
Client Filing Fee Check Number: *Credit Card Auth code 288676*

FOR OFFICE USE ONLY

RECEIVED JAN 16 2013

II Client Information

Name: Empire State Petroleum Association, Inc.
Permanent Business Address: 56 Clifton Country Rd.
City: Clifton Park State: NY ZIP code: 12065
Business Phone: (518) 449-0702 Fax Number: (518) 449-0779
Third Party Beneficiary (see instructions):

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated
Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both
Name: Phone Number:
Address:
City: State: ZIP code:
Compensation for current period: \$.00

B Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated
Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both
Name: Phone Number:
Address:
City: State: ZIP code:
Compensation for current period: \$.00

C Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated
Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both
Name: Phone Number:
Address:
City: State: ZIP code:
Compensation for current period: \$.00

☐ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$.00

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75:	\$.00
B Report in the aggregate all expenses for salaries of non-lobbying employees:	\$.00
C Itemize each expense exceeding \$75:		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
<input type="radio"/> Continued on attached pages		
* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.		
D Total expenses for current period: \$.00 (if applicable, include all expenses from attached pages in total)		

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1			
Single Source Entity's Name: New York Oil Heating Association			
or Single Source Person's Last Name: First Name:			
Address: 183 Madison Ave., Suite 1403			
City: New York		State: NY	ZIP code: 10016
Phone: (212) 695-1380			
Date Contribution Received:	07 / 13 / 12	Amount of Contribution: \$ 1053	.00
Date Contribution Received:	08 / 07 / 12	Amount of Contribution: \$ 1053	.00
Date Contribution Received:	09 / 14 / 12	Amount of Contribution: \$ 1053	.00
Date Contribution Received:	10 / 05 / 12	Amount of Contribution: \$ 1053	.00
Date Contribution Received:	11 / 09 / 12	Amount of Contribution: \$ 1053	.00
Check here if using section V(C) of the Addendum for additional Contributions: <input checked="" type="checkbox"/>			

Contribution(s) Single Source #2			
Single Source Entity's Name: Oil Fuel Institute of Central New York			
or Single Source Person's Last Name: First Name:			
Address: 74 West Main St.			
City: Sidney		State: NY	ZIP code: 13838
Phone:			
Date Contribution Received:	07 / 13 / 12	Amount of Contribution: \$ 262	.00
Date Contribution Received:	11 / 16 / 12	Amount of Contribution: \$ 125	.00
Date Contribution Received:	12 / 31 / 12	Amount of Contribution: \$ 751	.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Date Contribution Received:	/ /	Amount of Contribution: \$.00
Check here if using section V(C) of the Addendum for additional Contributions: <input type="checkbox"/>			
Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: <input checked="" type="checkbox"/>			

V Source of Funding Disclosure

B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.

Contributions from Single Source #1

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons: ☐

Contributions from Single Source #2

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(B) of the Addendum to list all such Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Oil Heat Institute of Eastern New York

or
Single Source Person's Last Name:

First Name:

Address: 56 Clifton Country Rd., Suite 108

City: Clifton Park

State: NY

ZIP code: 12065

Phone: (518) 449-0702

Date Contribution Received: 08 / 07 / 12

Amount of Contribution: \$804 .00

Date Contribution Received: 09 / 14 / 12

Amount of Contribution: \$1607 .00

Date Contribution Received: 10 / 26 / 12

Amount of Contribution: \$804 .00

Date Contribution Received: 12 / 31 / 12

Amount of Contribution: \$1607 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

**Contributions from Single Source # 4**

Single Source Entity's Name: Oil Heat Institute of Long Island

or
Single Source Person's Last Name:

First Name:

Address: 200 Parkway Drive South

City: Hauppauge

State: NY

ZIP code: 11788

Phone: (637) 360-0200

Date Contribution Received: 07 / 13 / 12

Amount of Contribution: \$ 1614 .00

Date Contribution Received: 08 / 07 / 12

Amount of Contribution: \$ 673 .00

Date Contribution Received: 10 / 05 / 12

Amount of Contribution: \$ 1347 .00

Date Contribution Received: 10 / 26 / 12

Amount of Contribution: \$ 673 .00

Date Contribution Received: 12 / 28 / 12

Amount of Contribution: \$ 1039 .00

Check here if using section V(C) of the Addendum for additional Contributions:

**Contributions from Single Source # 5**

Single Source Entity's Name: Romanelli & Son

or
Single Source Person's Last Name:

First Name:

Address: 94 E. Hoffman Ave

City: Lindenhurst

State: NY

ZIP code: 11757

Phone: (631) 956-1246

Date Contribution Received: 07 / 23 / 12

Amount of Contribution: \$1386 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:



Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 5

Single Source Entity's Name:

or
Single Source Person's Last Name:

First Name:

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

**Contributions from Single Source # 6**

Single Source Entity's Name: Robison Oil

or
Single Source Person's Last Name:

First Name:

Address: 500 Executive Blvd

City: Elmsford

State: NY

ZIP code: 10523

Phone: (914) 345-5700

Date Contribution Received: 11 / 30 / 12 Amount of Contribution: \$ 1786 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

**Contributions from Single Source # _____**

Single Source Entity's Name:

or
Single Source Person's Last Name:

First Name:

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received: / / Amount of Contribution: \$.00

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Check here if using section V(C) of the Addendum for additional Contributions:



Designated Addendum sheet for section V(C)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

C Single Source Information for one Person or Entity for a single Contribution.

Contributions from Single Source # 1

Single Source(or Related or Affiliated) Entity's Name: New York Oil Heating Association

Or
Single Source (or Related or Affiliated)Person's Last Name: First Name:

Address: 183 Madison Ave., Suite 1403

City: New York

State: NY

ZIP code: 10016

Phone: (212) 695-1380

Date Contribution Received:	11 / 30 / 12	Amount of Contribution:	\$ 1053 .00
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Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Date Contribution Received:	/	/	Amount of Contribution:	\$.00

Share Contribution Received:	/	/	Amount of Contribution:	\$.00
Part Contribution Received:	/	/	Amount of Contribution:	\$.00

Date Contribution Received:	7	7	Amount of Contribution:	\$.00
For Contribution Received:	4	4	Amount of Contribution:	\$.00

Date Contribution Received:	7/7/2018	Amount of Contribution:	\$100.00
Contributor Name:	Mr. & Mrs. J. R. Smith	Address:	123 Main St., Springfield, IL 62701

Date Contribution Received:	7	7	Amount of Contribution:	\$.00
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Date Contribution Received:	7	7	Amount of Contribution:	\$.00
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VI Subjects lobbied:

☐ Continued on attached pages

VII Person, State Agency, Municipality or Legislative Body lobbied:

☐ Continued on attached pages

VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

☐ Continued on attached pages

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

☐ Continued on attached pages

IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

☐ Continued on attached pages

X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

☐ Continued on attached pages

XI Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE:

DATE:

1/11/13

PRINT NAME: LAST

Peters

FIRST

Thomas

TITLE: CEO

Mark One:



Chief Administrative Officer



Designee(Attach Letter)

The following MUST be attached to this report at the time of submission:

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.